

FORM TO BE USED BY A PRISONER
APPLYING TO PROCEED IN FORMA PAUPERIS

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW JERSEY

Marrakushi Society
(Enter above the full name of the plaintiff in this action)

APPLICATION TO PROCEED
IN FORMA PAUPERIS

v.

Civil Action No. _____
(To be supplied by the Clerk of the Court)

Superior Court of New Jersey
Burlington County Bar Assoc
New Jersey State Bar Assoc
Burlington County Prosecutors
Office

(Enter above the full name of the defendant or defendants
in this action)

Marrakushi Society

I, Marrakushi Society, declare that I am the (check appropriate box)
☒ Petitioner / Plaintiff / Movant ☐ Other

in the above-entitled proceeding; that, in support of my request to proceed without being required to prepay fees, costs, or give security therefor, I state that because of my poverty, I am unable to prepay the costs of said proceeding or give security therefor; that I believe I am entitled to relief. The nature of my action, defense, or other proceeding or the issues I intend to present on appeal are briefly stated as follows:

We are not Prisoners. We Meaning The Marrakushi Society, The Marrakushi Society is a Sovereign Entity that Represents The Interest of The Marrakushi Descendants that were Denationalized, while their Birthrights were stolen, rendering them impoverished within a corporate Jurisdiction

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In support of this application, I answer the following questions under the penalty of perjury:

1. Are you currently incarcerated?

Yes

No

If "Yes," list dates and places of confinement for the six-month period immediately preceding the filing of this application:

Dates of Confinement

Place of Confinement

For each institution in which you have been confined for the preceding six months, you must submit a certified copy of your prison account statement and an Account Certification Form (use attached Account Certification Forms).

2. Are you employed at your current institution?

Yes

No

Do you receive any payment or money from your current institution?

Yes

No

If "Yes," state how much you receive each month: _____

3. In the past 12 months, have you received any money from any of the following sources?

a. Business, profession, or other self-employment

Yes

No

b. Rent payments, interest, or dividends

Yes

No

c. Pensions, annuities, or life insurance payments

Yes

No

d. Disability or workers compensation payments

Yes

No

e. Gifts or inheritances

Yes

No

f. Any other sources

Yes

No

If the answer to any of the above is "Yes" describe each source of money and state the amount received and what you expect you will continue to receive.

3. Other than your prison account, do you have any cash or checking or savings account?

Yes

No

If "Yes," state the total amount: _____

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4. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles, or any other property or assets? Yes ☐ No ☒

If "Yes," please describe: _____

5. List the persons who are dependent on you for support, your relationship to each person and how much you contribute to their support.

Marrakush Empire

Honor Shyaam MK. El

Honor K.C. El

Fiat Currency is not contributed, but Honor is.

6. Authorization and Declaration

1. Marrakush Society

(Print or Type Name and Number of Prisoner) not a prisoner

authorize the agency having custody over me to assess, withdraw from my prison account, and forward to the Clerk of the District Court for the District of New Jersey (1) an Initial partial filing fee equal to 20% of the greater of the average monthly deposits to my prison account or the average monthly balance in my prison account for the six-month period immediately preceding the filing of the complaint, and (2) payments equal to 20% of the preceding month's income credited to my prison account each month the amount in the account exceeds \$10.00, until the \$150.00 fee is paid. 28 U.S.C. § 1915(b)(1) and (2).

I declare under penalty of perjury that the information contained in this application is true and correct.

5/6/2009
DATE

[Signature]
SIGNATURE OF APPLICANT

(Note to Applicant: forward a copy of this Account Certification Form to each institution in which you have been confined for the six-month period prior to the date of this application.)

ACCOUNT CERTIFICATION FORM

I certify that the attached trust fund account statement (or institutional equivalent) is true and correct.

Date

Authorized Officer of Institution

NOTICE TO PRISON OFFICIALS: Pursuant to the Prison Litigation Reform Act, you will be obligated to forward payments to the appropriate United States District Court if the prisoner herein is granted leave to proceed in forma pauperis. 28 U.S.C. § 1915(b)(2) (April 26, 1996). Pursuant to that statute, once an initial partial fee is paid, the prison official in charge of the prisoner's account must forward payments of 20% of the income credited to the prisoner's account during the preceding month, each month the amount in the account exceeds \$10.00, until the entire filing fee has been paid.

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(Note to Applicant: forward a copy of this Account Certification Form to each institution in which you have been confined for the six-month period prior to the date of this application.)

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